

**Case:** Lauren Ballard v. Weston & Sampson Engineers, Inc. and Jason Roberts,  
Individually. 2:24-cv-1682-RMG-WSB

**Requested by:** Jennifer Munter Stark, Esq.

**Prepared by:** Jacqueline Maillet RN, BSN, SANE-A, SANE-P  
Forensic Nurse Team Supervisor/Program Coordinator  
HCA Healthcare | North Carolina Division

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I reviewed the Forensic Record/Photo documentation and the Emergency Department (ED) record for [REDACTED] seen 04/03/2022. I have formed an independent opinion based on the review of the ED records, forensic records, and forensic photo documentation. I also saw this patient for a follow-up exam and photos on 5/23/2022.

The patient was evaluated in the Mission Hospital ED for a chief complaint of physical assault [REDACTED]. She had no medical concerns requiring Emergency Dept intervention on presentation to triage. After being evaluated by the ED physician, the patient was seen by the Forensic RN on duty.

As per protocol, a head-to-toe assessment was performed and documented by the Forensic Nurse for further pain or injury. Her injuries were photographed and documented in the forensic chart and on the body map documents provided by the Forensic Department at that time. The Forensic Nurse performed a full body assessment and an anogenital exam while collecting evidence using the NC Sexual Assault Evidence Collection Kit. The Kit was secured in our evidence locker and released Chain of Custody to Charlotte- Mecklenburg police Dept, as seen in the documentation.

The patient was treated with medications for possible exposure [REDACTED]  
[REDACTED] per Forensic Nurse protocol and the ED physician at the time. Prior to the patient

being discharged from the ED and Forensic Nurse care, she was instructed on post-care signs and symptoms to monitor after [REDACTED] per the ED and Forensic RN protocol at the time. Her safety plan was confirmed that she would return home with her parents tonight.

On exam (4/3/2022), the following injuries were noted in the documentation:

- [REDACTED]
- [REDACTED]
- [REDACTED]

On the follow-up exam (4/7/2022), all 3 areas of injury remain visible. Additionally, she reports an injury [REDACTED] [REDACTED] [REDACTED]

[REDACTED]  
[REDACTED] t [REDACTED]  
[REDACTED]

[REDACTED] reported symptoms and physical findings [REDACTED]

[REDACTED]

[REDACTED] On the first exam, she [REDACTED] On re-examination on the 7<sup>th</sup>, she reported that these symptoms were not completely resolved, and more body injuries were noted by the patient, which prompted her to return to the Family Justice Center for further forensic evaluation and documentation. On her final re-examination to evaluate for resolved [REDACTED] were resolved.

In a review by the Journal of Emergency Medicine [REDACTED], 50% had no visible injury, 20% had pain only, 22% had minor redness and scratches, 23% had injury that

was of poor photo quality with a regular camera (Gwinn et al., 2021) (Faugno et al., 2017). Most of the physical injuries to the underlying vessels will not be visible externally. The recommended radiological studies include Computed Tomography with Angiography of the carotid and vertebral arteries (Gold Standard for evaluation of vessels and bony/cartilaginous structures). The patient declined CT angiography on the night of her ED visit.

We asked if the patient would come back in 2 weeks or so to recheck an abnormal finding on her pelvic exam. On re-examination (5/23/2022), the area in question is still present and identified as a nevus and not an injury.

In her genital exams, no injuries were noted. It is not uncommon to have no injury post-sexual assault as the perineum and genital tissue heal quickly. Also, due to the nature of the vaginal tissue, it is designed to withstand various degrees of force without exhibiting outward signs of injury (i.e. childbirth). In forensic nursing we say “It’s normal to be normal.” The lack of visible injury does not prove or disprove sexual assault. (Crawford et al., 2024) Forensic Nurse Examinations are led by patient history, and we utilize that history for medical care and documentation purposes.

### References

- Crawford, L. S., Downing, N. R., Famurewa, A. D., Markowitz, J. R., & Han, G. (2024). Genital lacerations following sexual assault and consensual sexual intercourse: A systematic review and meta-analysis. *Journal of Forensic Sciences*, 70(1), 161–169.  
<https://doi.org/10.1111/1556-4029.15666>
- Reckdenwald, A., Powell, K. M., & Martins, T. W. (2021). Forensic documentation of non-fatal strangulation. *Journal of Forensic Sciences*, 67(2), 588–595.  
<https://doi.org/10.1111/1556-4029.14958>
- Spungen, H., Bryan, K., Sachs, C., & Wheeler, M. (2022). Symptoms and physical exam findings in sexual assault-related non-fatal strangulation. *Western Journal of Emergency Medicine*, 23(2), 268–275. <https://doi.org/10.5811/westjem.2021.2.50919>